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RULE 63 (37 C.F.R. 1.63) INVENTORS DECLARATION FOR PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, mailing address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

		ALUMINUM OXIDE	MOISTURE SENSOR	AND RELATED M	ETHOD	
the sp	ecification of which (check is attached hereto	applicable box(s)):				
įί	was filed on		as U.S. Application Serial No.			(Atty. Dkt. No. 839-1437)
ii	was filed as PCT Internal	ional application No.		on		
	applicable to U.S. or PCT	application) was amende	d on			
amend define tisted in which		acknowledge the duty to oby claim foreign priority by ied below any foreign appriority is claimed, before	disclose to the Patent (enefits under 35 U.S.C ofication for patent or in	Office all information . 119/365 of any for ventor's certificate	n known to me to be reign application(s) for	
I herel	by claim the benefit under 3 Application Numb		United States provision Day/Month/Yea	al application(s) list r Filed	ted below.	
I hereby claim the benefit under 35 U.S.C. 120/365 of all pr Prior U.S./PCT Application(s): Application Serial No.			rior United States and Day/Month/Yea		pplications listed abo	ve or below. Status: patented pending, abandoned
be true impris	e; and further that these sta	tements were made with tion 1001 of Title 18 of the	the knowledge that will e United States Code a	ful false statements and that such willful	and the like so mad false statements ma	ion and belief are believed to e are punishable by fine or y jeopardize the validity of the iis matter be directed to:
Cu	stomer Numl	ber: 30024	(
1.	Inventor's Signature: Inventor: Residence: (city) Mailing Address:	John (ffrst) Maynard 1 Lewis St., Maynard, I	McKinley MI	(state/country)	Poole (last) Massachusetts	(citizenship)
	(Zip Code)	01754	Hospitalia			
2.	Inventor's Signature: Inventor:				Date:	
	Residence: (city) Mailing Address:	(first)	MI	(state/country)	(last)	(citizenship)
	(Zip Code)					